

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISI ,	ATOR INFORMATION	
Name Molissa Walsh	Ennes	Office:
Mailing address 460 East Am	Share "t	District / O /
City, zip code Yarmouth, ME	04096	Phone 846-3877
PART 1. INCOME DERIV	ED FROM EMPLOYMENT BY ANO	THER
List the name and address of each employer from whom y economic activity of each employer.	you received compensation of \$1,000 or	more. Specify the principal type of
Name of Employer	Address	Principal Type of Economic Activity of Employer
State of Maine Z	State House St. Augusta, ME	government
Town of Yarmouth	McCartney St. Yarmouth, ME	Town Government
	RIVED FROM SELF-EMPLOYMEN ors who are self-employed.)	
 A. List the name and address of your business, if any, and associated with a partnership, firm, professional association entity. 	I list the major areas of economic activity n, or similar business entity, list the majo	from which you derived income. If or areas of economic activity of that
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name: Address:	·	A CALLA LA MINISTERIA DE LA CALLA LA MINISTERIA DE LA CALLA LA CAL
Name: Address:		

PART 2 (continued). INCOME DERI	VED FROM SELF-EMPLOYME	NT		
(For Legislators who a	are self-employed.)	rijust nej ratnija sil 16. septembraka prediktiviti		
B. List each source of income derived from self-employment that repre- greater, and specify the principal type of economic activity of the enti- disclosure is prohibited by law, rule, or an established code of profession entity or person from whom the income was derived.	ty or person from whom you derive	ed such income. If this form of		
Name and Address of Source	Ac	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income		
Name:	and in the second secon	Acceptanty of the Safety (Company) of the Book of the Safety of the Safe		
Address:				
Name:	BIRDANANA Parasanahanan dari dari sarahan (s. 11 17 (s. 1911) 11 (s. 17 (s. 1974) 1974) sahina Malahahan sarahan sarah	representative programme in the second secon		
Address:	9			
PART 3. MAJOR ARE				
(For Legislators who are a List your major areas of practice. If associated with a law firm, list the m				
Name and Address of Firm	Major Areas of Practice	Major Areas of Practice (firm)		
Name:	retain mineritari entre partie entre partie entre partie entre entre entre entre entre entre partie entre en	eration de configurações a commençar de configurações de configurações de configurações de configurações de co		
Address:		Verr / Phadddan		
Name:		Commission of the Commission o		
Address:	15000	Reservation		
PART 4. OTHER SOUL				
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1, 2, or 3 None	3 of this form. Do not include grts.	If none, check the box.		
Name and Address of Source		Kind of Income		
		(investments, leases, etc.)		
Name: Address:	**************************************			
Name: Address:	andiological interval	·		
Addiess.	f and Add has			
PART 5. REPORTAE				
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more areas of economic activity of each creditor. Do not list credit card liability	that you received during the repo	rting period, and list the major neck the box.		
None		Medikah kempinanah diancan menerah dipulaj mangkal jing mangkangga menerah dipulaj menerah dip		
Name and Address of Creditor		Principal Type of Economic Activity of Creditor		
Name:	-	end for my many that we for the many that the management of the ma		
Address:	WANGERSON			
Name:				
Address:	LL America			

	. REPORTABLE GIFTS				
List the specific source of each gift of more than \$300. Including none, check the box.	lude gifts with an aggregate v	alue of more	e than \$300 from a single source. If		
None	Michael Michael Marie Ward (Marie Marie) Arie Marie Aren um Antie de Grand Naum na Lind (Lind Limina) Arran ann an Ar	an et e eremo, ne e essesso e e nomen e e essesso se e e en en esta e e	et kilologist Nobel stade kan kala (1864-1864 asi 1865-1864) kan ati kina kan Sah Nobel membah sebendian kembungan berawa berawa kan kan Sah Nobel sebendian kan kan kan kan kan kan kan kan kan k		
Name of Source of Gift		Name of	Source of Gift		
1 Women In Government	3. National	Gauce	s of Environmental 18th		
2 Center for Disease Gor	to 14. Counci	l of	State Governments		
PART 7. RI	EPORTABLE HONORARI	A			
List the source of any honoraria accepted for appearances or	r speeches related to your leg	islative respo	onsibilities. If none, check the box.		
None					
Name of Source of Honoraria		Name of Sou	urce of Honoraria		
1.	3.	illigi olar farikan galara kan kan kan kan kan kan kan kan kan ka			
2.	4.	4.			
PART 8. REPRESEN	TATION BEFORE STATE	AGENCIES			
List each executive branch agency before which you repres- box.	ented or assisted others for o	compensation	of any amount. If none, check the		
None	errenen en kalt kalt els Ville ell Verkim El Verki Andrech ell ell verkill karl i serkin vennen en kin en kloben ellin en kloben ellin et kloben ellin e	·····································	vaPhilisticus vidaPhinnes totos tribus (Athir: PP miri) tirk 89 Marash (Athir: Mathir: Anthir: Markinis Anthir: Anthir		
Name of Agency	en andre en de mei en	Name	of Agency		
1.	3.				
2.	the description of the description of the second s	\$\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	То до больной починаний сене поводительности и частной доструго поверу подруго, до муже до до до доструго до до доструго до до доструго до до доструго		
PART 9. BUSIN	IESS WITH STATE AGEN	CIES			
List each executive branch agency to which you or a memb			r services with a value in excess of		
\$1,000 during the reporting period. If none, check the box.	in to provide the second se	tenderskandelskadt til der kandig av det til til sen skale det se	TO THE SECOND CONTRACTOR OF THE SECOND CONTRAC		
Name of Agency		Name	of Agency		
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		enerint's echelyses chiese describent and the sp ectral mean			
2.	4.				
PART 10. INCOME RECEIV	ED BY MEMBERS OF IMM	MEDIATE F.	AMILY		
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	d of income represented. If y	received by our spouse o	your spouse or domestic partner or or domestic partner received \$1,000		
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship	Kind of Income		
Name: Shown Patrick Walsh Job Title: Supervisor	1. Social Services	Spouse or	1. Salary		
Job Title: SUPERVISOR	3.	Domestic Partner	2.		
	- MANIER AND REPORTED TO THE POST OF THE PART AND A PLACE AND A COLOR AND	Dependent Child			
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic		Dependent Child			
activity and the kind of income.		Dependent Child			

		PAR	T 11. OFFIC	ER OR DIRECTOR	POSITIONS		
any office, trusto	eeship, directo	rship, or position	of any nature.	rtnership or business Indicate whether you ationship and the nam	or a family held the p	osition and whether	diate family held or the position
None				***************************************		D	***************************************
		on/Business		Title	Position Held By:	Family Member's Name	Compen- sated?
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				SIGNATURE			
A Legislator wh	no willfully fail	s to file a requir	red statement	is subject to a fine o	of up to \$100. (1 N	/I.R.S.A. § 1017-A	\)
The intentional willfully filed a f	filing of a fal- alse stateme	se statement is nt, it shall refer	a Class E crir its findings of	me. If the Commiss fact to the Attorney	ion concludes that General. (1 M.R.S	t it appears that a S.A. § 1019)	Legislator has
Me	lissa	Wolh	Im	eS	2/11	10	
	S	ignature			, D	ate	***************************************
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the information Part/Section	e any additior nyou are prov	nal information by iding.	pelow (and on	additional sheets if	needed). Indicate	e the part or secti	on number for
Number			interpretationers in the second section of the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the section is the second section in the section is the second section in the section is the section in		d Arteria Bertal Bertanes and Asia terbarra arma have a applicad malgraph and graph (Asiagan) (Asiagan) (Asiagan)	PRESSERVE (CARACTER CONTACTO C	Spanisher at the state of the s
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